

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90053 002 ****61.25

DOCUMENT # N40101

1. Entity Name

HOMESTEAD HOSPITAL, INC.

Principal Place of Business

Mailing Address

160 N.W. 13TH STREET
 HOMESTEAD FL 33030

160 N.W. 13TH STREET
 HOMESTEAD FL 33030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0232993

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEHMAN, JODY
8900 N. KENDALL DR.
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CHAMBERS, WILLIAM	160 NW 13TH STREET	HOMESTEAD FL	<input type="checkbox"/>
D	CARPENTER, WILLIE	160 N W 13TH STREET	HOMESTEAD FL	<input type="checkbox"/>
D	SAPP, STEVEN S	160 NW 13 ST	HOMESTEAD FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
C	Chambers, Pastor William L, III	160 NW 13 Street	Homestead, FL 33030	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/T	Carpenter, Willie	160 NW 13 Street	Homestead, FL 33030	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Beard, Wendell	160 NW 13 Street	Homestead, FL 33030	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Hallstrand, Dr. David E.	160 NW 13 Street, Homestead, FL	33030	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Hanck, Barbara C.	160 NW 13 Street	Homestead, FL 33030	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Hanson, Carl	160 NW 13 Street	Homestead, FL 33030	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

William Chambers

Pastor William Chambers, Chairman, 305-248-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (10/00)